



**APPLICATION FOR THE WITHDRAWAL OF THE QUALIFYING
MASTER ELECTRICIAN / FIRE ALARM TECHNICIAN / SIGN
SPECIALIST ON A CONTRACTOR'S LICENSE**

Use this form only when the Qualifying Individual is withdrawing on a current License year. Do not use this form for any License year prior to the current year.

Name: _____

Address: _____

I, as the qualifying (check one) ☐ **Master Electrician** ☐ **Fire Alarm Technician** or
☐ **Sign Specialist** am withdrawing from the below named Contractor's License:

Business Name & Address: _____

If the above Electrical Contracting business has a new Master Electrician / Fire Alarm Technician / or Sign Specialist, a new Contractor application MUST be processed.

The abovementioned qualifying individual: (Please check one below)

_____ Will not appear at this time as Master on another Contractor's License

_____ Will appear as Master on the **below mentioned** Contractor's License.

Business Name and Address: _____

If a Master Electrician/Fire Alarm Technician/ Sign Specialist ceases to represent a Contractor, the Contractor shall have 30 days in which to designate an employee or officer who is a licensed Master Electrician/Fire Alarm Technician/ Sign Specialist to qualify for the Contractor's License.

APPLICANT'S AFFIDAVIT

Having read the foregoing application, the applicant deposes and says as follows: That all statements herein are true to the best of his/her knowledge. I understand falsification of any statement is cause for rejection of application or revocation of License, if issued.

Qualifying Individual's

Signature: _____

License No: _____

Subscribed and sworn to before me this _____ Day of _____, 20 _____

Notary Public's Signature _____

County _____ State _____

My Commission expires: _____

*** Reviewed and approved by Division Employee :**

(Initial): _____